

PTO/SB/81 (08-03)

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	10/058,103
	Filing Date	January 23, 2002
	First Named Inventor	Lydia L. Sohn
	Title	Method And Apparatus For Analysis of Biological Solutions
	Art Unit	2858
	Examiner Name	Donald M. Lair
	Attorney Docket Number	022363-000310US

I hereby appoint:

☒ Practitioners associated with the Customer Number **20350**

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

<input type="checkbox"/> Firm or Individual Name					
Address					
Address					
City		State		ZIP	
Country					
Telephone		Fax			

I am the:

☒ Applicant/Inventor.

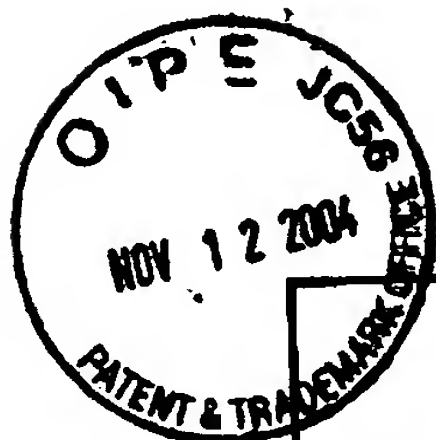
☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98).

SIGNATURE of Applicant or Assignee of Record

Name	Omar A. Saleh		
Signature			
Date	10/28/04	Telephone	732-946-3058

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 2 forms are submitted.



PTO/SB/81 (09-03)

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	10/056,103
Filing Date	January 23, 2002
First Named Inventor	Lydia L. Sohn
Title	Method And Apparatus For Analysis of Biological Solutions
Art Unit	2858
Examiner Name	Donald M. Lair
Attorney Docket Number	022363-000310US

I hereby appoint:

☒ Practitioners associated with the Customer Number

20350

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number.

OR

☐ The address associated with Customer Number:

OR

<input type="checkbox"/> Firm or Individual Name					
Address					
Address					
City		State		ZIP	
Country					
Telephone		Fax			

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Lydia L. Sohn		
Signature			
Date	10/21/04	Telephone	570-642-5434

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 2 forms are submitted.